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Bib Data Sheet

CONFIRMATION NO. 9346

<b>SERIAL NUMBER</b> 09/543,906	<b>FILING OR 371(c) DATE</b> 04/06/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2665	<b>ATTORNEY DOCKET NO.</b> RO3214Div2 (NORT10-00373)
<b>APPLICANTS</b> Richard Vallee, Gatineau, CANADA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/909,060 08/14/1997 PAT 6,205,142 which claims benefit of 60/024,023 08/16/1996				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/22/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 12
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 33000				
<b>TITLE</b> Inverse multiplexing of digital data				
<b>FILING FEE RECEIVED</b> 3732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/543,906	<b>FILING DATE</b> 04/06/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> <del>2730</del> 2665	<b>ATTORNEY DOCKET NO.</b> 3384.0352-01000
<b>APPLICANTS</b> Richard Vallee, Gatineau, CANADA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/909,060 08/14/1997 U.S. Patent No. 6,205,142 WHICH CLAIMS BENEFIT OF 60/024,023 08/16/1996				
<b>** FOREIGN APPLICATIONS *****</b> None				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/22/2000</b> -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> Finnegan Henderson Farabow Garrett and Dunner LLP 1300 I Street N W Washington ,DC 20005-3315				
<b>TITLE</b> Inverse multiplexing of digital data				
<b>FILING FEE RECEIVED</b> 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	